PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number 120122.406USPC		
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)						
Application Number 10/593,018				Int'l Filed	March 16, 2005	
For IMAGE BASED QUANTITION OF MOLECULAR TRANSLOCATION						
Art Unit				Examiner		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below);						
	,	<u>Fee</u>	Small Er	ntity Fee		
	One month (37 CFR 1.17(a)(1))	\$130	\$6	55	\$	
	Two months (37 CFR 1.17(a)(2))	\$490	\$2	45	\$	
	Three months (37 CFR 1.17(a)(3))	\$1110	\$5	55	\$	
	Four months (37 CFR 1.17(a)(4))	\$1730	\$8	65	\$ <u>865</u>	
	Five months (37 CFR 1.17(a)(5))	\$2350	\$11	75	\$	
Applicant claims small entity status. See 37 CFR 1.27.						
Ō	A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.					
	The Director has already been authorized to charge fees in this application to a Deposit Account.					
X	The Director is hereby authorized to charge the above fees, or credit any overpayment,					
	to Deposit Account Number <u>19-1090</u> .					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
I am the ∏applicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71						
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).						
☑ attorney or agent of record. Registration No. <u>48,903</u>						
attorney or agent under 37 CFR 1.34.						
Registration number if acting under 37 CFR 1.34						
	/Mae Joanne Rosok/			October 22, 2008		
	Signature			Date		
	Mae Joanne Rosok 206-622-4900				00	
	Typed or printed name Telephone Number					

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required.
SEND TO: Commissioner for Patients, PO Box 1450, Navandia, VA 22313-1430.

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